PTO/SB/17 (05-07)
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Effective on 12/08/2004				Complete if Kno				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				······································		10/552,000-Conf. #6374		
FEE TRANSMITTAL				Filing Date		October 4, 2005		
For FY 2007				First Named Inventor Hiroko YANA			JA.	
,				Examiner Name T. M. Gough				***************************************
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1657				
TOTAL AMOUNT OF PAYMENT (\$) 900.00				Attorney Docket No. 1752-0173PL			31	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
X Charge any additional fee(s) or underpayments of X Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION	***************************************	***************************************	*******			***************************************		
1. BASIC FILING, SEARCH, AI	ND EXAMI	NATION FEE	S					
	FILING		SE	ARCH FEES		IATION FEES		
Application Type F	ee (\$)	mall Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	sid (\$)
Utility	300	150	500	250	200	100		
English of the control of the contro	200	100	100	50	130	65		· · · · · · · · · · · · · · · · · · ·
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	300	150	500	250	600	300		
	200	100	0	0	0	0		***************************************
2. EXCESS CLAIM FEES		7.7					s	mall Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)							50	25
Each independent claim over 3 (including Reissues)							200	100
Multiple dependent claims							360	180
Total Claims Extra Claims Fee (\$) Fee I			3aid (\$)	<u> </u>	<u> iltiple Depende</u>	mt Claims		
4 - 20 = 0 x ∞ HP = highest number of total claims paid for, if greater than 20.				Fe	e (\$) !	Fee Paid (\$)		
		²aid (\$)	·····			_		
1 -3 = 0	×	**						
HP = highest number of independent	ctaims paid fo	or, if greater than	3.3.					
 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 								
sheets or fraction thereof.								نفذ و نا
	Sheets (5	***************************************		dditional 50 or fra			<u>Fee Pa</u> ≃	<u>siq (2)</u>
-100 = /50 = /50 = (round up to a whole number) x 4. OTHER FEE(S)							Fees P	aid (\$)
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filling surcharge): 1253 Extension for response within third month 900.00								
SUBMITTED BY								
Signature	(100)	1 / X		Registration No. (Attorney/Agent)	28,977	Telephone	(703) 205-	-8000
Name (Print/Type) Gerald M. Mürghiy, Jr.						Date	June 5, 2	2007
	<u> </u>	777					***************************************	